

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Williamsburg  
 Township of Beaufort  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
87824

Registration District No. 4308 Registered No. 118  
 (For use of Local Registrar)

(2) Full Name of Child

Rosalie Walker

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 26 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Walker  
 (9) PRESENT POSTOFFICE OF FATHER Lane, S. C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Sumter co. S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Cornelia Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Lane, S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Domestic Servant  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 5 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa X Leashaw  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lane, S. C.

Given name added from a supplemental report

(26) Witness F. L. Baggett (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 3 1916 (28) Albert R. Moreley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

K O D A K S A F E